Alert #16; email sent Wednesday, October 8, 2012

Colleagues,

The MDCH CSHCS Division has received many questions from local health departments regarding our expectations for the role of the LHDs as we transition from Medicaid Fee-for-Service to Medicaid Health Plans for the Medicaid/CSHCS dually enrolled population. There has been some confusion surrounding this topic, which we have discussed during our conference calls and through interactions with individual LHDs. Below please find an important correspondence that was sent to Medicaid Health Plans on Tuesday, October 2nd. This correspondence clarifies the outcomes that MDCH expects from the collaborative work between LHDs and MHPs, and was written with the intent that this information would be conveyed to all LHDs and MHPs. Please review the correspondence below and share with all LHD staff who are engaged in the discussions with MHPs on the coordination agreements.

Note that item #7 below references draft correspondence that is being shared with LHDs. The MDCH/CSHCS Division is currently creating templates for this correspondence based on examples shared by Kent and Ottawa Counties. We intend to finalize and share these templates by the end of the week. Attached are the Kent County examples of this correspondence, which have been shared with the MHPs. Template letters similar to the attached examples will be shared with all LHDs within the next few days.

Thank you for your continued efforts to support CSHCS children and families. The work you do is incredibly important. **Please contact Lonnie Barnett if you have any questions or concerns.**

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From: Stiffler, Kathleen A. (DCH)
Sent: Tuesday, October 02, 2012 12:08 PM
To: MHP Operations Workgroup
CC: MHP CCWG Workgroup Members
Subject: CSHCS Coordination Agreements with Local Health Departments (LHDs) and Coordination of Care
Hello,

Many conversations at various levels have taken place regarding the CSHCS coordination agreement as well as coordination of care management with the LHDs. Since not everyone has been part of all discussions, a comprehensive, written message to all seemed in order at this critical phase. The cc's above are the MHP staff members who volunteered their time and talents on the CSHCS Care Coordination Workgroup. Most, if not all of this information, has been presented at the CSHCS Operations Workgroup meetings, but not to the extent or detail of the discussions in the Care Coordination Workgroup. **Please assure that MHP staff who are engaged in discussions with LHDs on the coordination agreements receive this information.**

In general we are receiving positive feedback from the interactions that are occurring between the MHPs and LHDs to work out the details of the coordination agreement at the local level. There have been some bumps along the way but that is to be expected in a state as large and diverse as ours and a transition as complex as this one. There also may be some confusion or misunderstandings that I hope this communication will assist in clarifying. The information below summarizes the outcomes we expect from this collaborative work:

1. The base coordination agreement template cannot be modified. Through the collaborative process between MHPs and LHDs, additional clarification of roles may be added if both parties agree. This is not required but is optional and encouraged.

2. **In coordination with the MHPs,** care coordination services will continue to be provided by LHDs. This includes assessments, care planning, and care coordination with an emphasis on the home environment and community resources. These are additional benefits that will assist the MHPs in their own care management efforts. Coordination of these services/resources result in more robust assessments and care plans, especially for MHPs who do not do in-home assessments or do not have strong connections to community resources in all of their service area. The LHDs are experts regarding local resources and have established relationships with many of the families who will be transitioning from FFS to managed care, which will also be a significant added benefit. The services provided by the LHDs must be coordinated with the MHPs to avoid duplication but will be billed to CSHCS. MHPs are strongly encouraged to assess how best to incorporate/coordinate the established role and locally-based services of the LHDs into the care/case management role of the MHP for improved outcomes.

3. The MHPs are ultimately responsible for the overall coordination of care for their CSHCS enrollees. MHPs must follow accreditation guidelines for enrollees meeting complex case management criteria. MHPs are strongly encouraged to assess the LHDs' capacity to assist with these members to strengthen the assessment and care plan, but that is up to each MHP to determine if the health departments in their service area can be responsive in the manner and timeframes necessary so as not to jeopardize accreditation. This is not intended to encourage delegation, but rather coordination.

4. MHPs may have different coordination agreements with each LHD in their service area based on the strengths and needs of both entities.

5. Both MHPs and LHDs are required by contract to coordinate efforts and to share information with each other to assure the best outcome for the child/family.

6. DCH continues to work on an electronic solution where plans of care can be accessed by multiple, authorized providers so that the ultimate goal of one, comprehensive shared plan of care can be realized. Until that goal is reached, MHPs and LHDs must establish procedures to share information, including plans of care, in a secure format.

7. Discussions have also been held through the Care Coordination Workgroup regarding "welcome" communications. LHDs may send a welcome letter to MHP enrollees who also have CSHCS. Attached, please find some sample, DRAFT correspondence that is being shared with all LHDs as a model. While this format is not intended to be required language, it is already being used by multiple health departments across the state and some MHPs are also using it as a model for their "welcome" communications for the CSHCS population. While previously shared, the DCH/CSHCS welcome letter is also attached FYI.

8. The LHD contractual requirement for completion of CSHCS Coordination Agreements with all MHPs in their service area is 1/1/13. DCH understands that these discussions are time consuming when done properly. Any MHP having trouble finalizing coordination agreements by this date should contact their contract manager.

9. DCH intends to follow a similar process for collaborative meetings with LHDs on CSHCS as we had done with MIHP providers. The avenue utilized is the Maternal and Child Health Workgroup meetings. These meetings are typically held quarterly and every-other meeting includes the LHD partners. The first joint meeting with the LHD partners regarding CSHCS is scheduled for December 4, 2012. Time and place are not yet confirmed, although it will be held in the Lansing area and meeting times are typically 10-1. Confirmation details will be issued soon. Communication re: MCH Workgroup meetings comes from the MSU Institute for Health Care Studies. **MHPs may wish to assess if the person who has been assigned to attend these meetings is the best fit now that the primary topic will be CSHCS rather than pregnant women/MIHP.**

Thank you for your review of this information. Should you have any questions or concerns, please contact your contract manager.

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